

**DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY**

As an undersigned inventor, I hereby declare that:

My residence, post office address and country of citizenship are as stated directly below my name.

I believe (check one) ☒ I am the original, first and sole inventor
☐ I am a joint inventor and the below-named two (2) inventors are
the original and first inventors

of the subject matter which is claimed and for which a patent is sought on the invention entitled
Follicular Extraction Punch and Method, the specification of which:

(check one) ☒ is attached hereto.
☐ was filed on _____ as
Application Serial No. _____
and was amended on _____
(if applicable)

I further declare that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability of the subject matter which is claimed as defined in 37 C.F.R. §1.56.

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application identified below:

Application Serial No.	Filing Date	Status (patented, pending, abandoned)	Priority Claimed
_____	_____	_____	Yes No <input type="checkbox"/> <input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56, which became available between the filing date of the

prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (patented, pending, abandoned)
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The following Agent is hereby appointed to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Christopher J. Whewell; registration number # 37,469.

Address all telephone calls to Mr. Christopher J. Whewell at telephone no. (512) 763-1142 , and address all correspondence to:

Christopher J. Whewell
Western Patent Group
6020 Tonkowa Trail
Georgetown, Texas 78628

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor: John P. Cole

Residence: Atlanta, Georgia

Citizenship: USA

Post Office Address: 75 14th Street Atlanta, Georgia 30309

Inventor's Signature _____

Date

Statement Claiming Small Entity Status
(37 CFR 1.9(f) & 1.27(b))--Independent Inventor

Applicant, Patentee, or Identifier: John P. Cole

Application or Patent Number: unk.

Filed or Issued: concurrently herewith

Title: Follicular Extraction Punch and Method

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

 X the specification filed herewith with title as listed above.

_____ the application identified above.

_____ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or may be under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

 X No such person, concern, or organization exists.

 The US Government

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Name of Inventor: John P. Cole

Signature of Inventor: _____

Date: _____